



STATE OF ARIZONA **COMMITTEE STATEMENT OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

3-003

C

Candidate's Name (required): Candidate's Name (required): Candidate's name is office) Candidate's mailing address (required): Candidate's mailing address (required): Candidate's mailing address (required): Candidate's mailing address (required): Candidate's website (if any): Candidate's placetory (if any): Candidate's (if any): C	. md 0 13.1.1	MAY 2 6 7073
Institute Information: Candidate's mailing address (required): Candidate's website (if any): Sponsor's mailing address (required): Sponsor's website (if any): Sponsor's website (if any): Candidate's part (if any): Candidate's part (if any): Sponsor's website (if any): Candidate's part (if any): Candidate's part (if any): Candidate's part (if any): Sponsor's website (if any): Candidate's part (if any): Sponsor's part (if any): Sponsor's part (if any): Candidate's part (if any): Candidate's part (if any): Can	Candidate	Patrice For Supercitis or BY: WO
Candidate's mailing address (required): Candidate's email address (required): Candidate's website (if any): County Office: Candidate-Related Independent Expenditures Candidate-Related Independent Expenditures County Office: County Office: County Office: County Office: County Office: County Office: Candidate-Related Independent Expenditures Candidate-Related Independent Expenditures Candidate-Related Independent Expenditures County Office: County Office: County Office: County Office: County Office: Candidate-Related Independent Expenditures Candidate-Related Independent Expenditures Candidate-Related Independent Expenditures County Office: County Office: Candidate's (required): County Office: Candidate's (required): Candidate-Related Independent Expenditures Candidate's (required): County Office: Candidate's (required): Candidate's (required): Candidate's (required): Candidate's (required): Candidate's (required): Candidate's (committee Name (required): first or last name & office)	Talling of the transfer
Candidate's email address (required): Candidate's email address (required): Candidate's email address (required): Candidate's website (if any): Governor Secretary of State Attorney General State Treasurer Superintendent of Public Instruction State Mine Inspector Corporation Commis State Senate State House of Representatives District (required): County Office: City/Town Office: City	Candidate Information:	Candidate's Name (required): Patrice Horstman
Candidate's email address (required):		
Candidate's website (if any): Candidate's website (if any): Governor Gove		
Candidate's website (if any): Governor Gover		
Office Sought (choose one):		
Superintendent of Public Instruction	Office Sought (choose one):	
County Office: District (if applicable): City/Town Office: District (if applicable): City/Town Office: District (if applicable): City/Town Office: District (if applicable): County Affiliation: Party Affiliation: Countities Name (required): (if sponsored, must include sponsor's name or nickname (required): (if applicable) Sponsor's malling address (required): Sponsor's malling address (required): Sponsor's website (if any): Sponsor's webs	•	
City/Town Office:		☐ State Senate ☐ State House of Representatives ☐ District (required):
Election Cycle for Office Sought (year the election will take place) (required): Party Affiliation: (required for partisan offices) Democrat Democrat Democrat Defene De		County Office: County Syperviso District (If applicable):
Election Cycle for Office Sought (year the election will take place) (required): Party Affiliation: (required for partisan offices) Democrat Democration (PAC) Committee Name (required): (If sponsored, must include sponsor's name) Political Function (optional): Democrat Democrat Democrat Democration: (If sponsor's name) Democrat Democrat Democratic Democration: Democratic		☑ City/Town Office:
Political Action Committee (PAC)	Election Cycle for Office Sou	100
Political Action Committee (PAC)		Democrat Di Green Di Libertarian Di Republican Di Other:
Committee Name (required): [If sponsored, must include sponsor's name) Political Function (optional): Sponsor's name Ballot Measure Expenditures Recali Expenditures Sponsor's name Recali Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's email address (required): Sponsor's website (if any): Sponsor's plant address (required): (If applicable) Sponsor's plant address (required): Sponsor's mailing address (requir	(required for partisan offices)	
(select any that apply) Ballot Measure Expenditures Recali Expenditures Recali Expenditures Recali Expenditures Sponsor's name or nickname (required):	(if sponsored, must include sponsor's name)	
Sponsorship Information: Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's email address (required): Sponsor's mailing address (required): Sponsor's mailing address (required): Sponsor's mailing address (required): Sponsor's website (if any): Sponsor's website (i	Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's email address (required): Sponsor's website (if any): Sponsor's mailing address (required): Spons	(select any that apply)	
Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's mailing address (required): Sponsor's mailing address (required):	Sponsorship Information:	Sponsor's name or nickname (required):
Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website		Sponsor's mailing address (required):
Special Status Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only Political Party Committee Name (required): (must include party affiliation) Jurisaliction: State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)		Sponsor's email address (required):
Special Status (If applicable) Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only Political Party Committee Name (required): (must include party affiliation) Jurisaliction: State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)		Sponsor's phone number (if any):
Standing Committee (must also complete separate standing committee registration) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only ☐ Political Party Committee Name (required): (must include party affiliation) ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)		Sponsor's website (if any):
(If applicable) ☐ Standing Committee (must also complete separate standing committee registration) ☐ Mega PAC (must provide proof of Mega PAC status to filling officer) (amended applications only ☐ Political Party Committee Name (required): (must include party affiliation) Jurisaliction: ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	Special Status	☐ Separate Segregated Fund of a Corporation, LLC. Partnership or Linion
☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only ☐ Political Party Committee Name (required): (must include party affiliation) Jurisaliction: ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	(if applicable)	
Committee Name (required): (must include party affiliation) Jurisaliction: State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)		☐ Mega PAC (must provide proof of Mega PAC status to filling officer) (amended applications only)
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County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)		
Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)		A LANGUE CHOOK TOURS INCOMED DEPOT OF AUGUNOSION NUMBER AND A 45 554 A 45 5-44
☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804		County Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
•		County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Special Status (if applicable) Standing Committee (must also complete separate standing committee registration)		County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)





committee ID NUMBER (office use only)

COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required):
1		Committee's email address (required): Pmhorstmancmac.com
1		Committee's phone number (if any): 928-606-1511
		Committee's website (if any):
	Chairperson's Information:	Committee's website (if any):Chairperson's name (required):
		Chairperson's physical address (required):
		Chairperson's mailing address (if different):
		Chairperson's email address (required): Nauberteemsn.com
		Chairperson's phone number (required): 928 - 380 - 4780
		Chairperson's employer (required): EN 3 Professionals, LLC
		Chairperson's occupation (required): Consulting Engineer
	Treasurer's Information:	Treasurer's name (required): Janet Leslie McLean
1		Treasurer's physical address (required):
1		Treasurer's malling address (if different):
		Treasurer's email address (required): 165/temcin egmail. com
		Treasurer's phone number (required): 928-863-1729
		Treasurer's employer (required): _ Self- employed
1		Treasurer's occupation (required): ere
	Bank or Financial Institution: (do not list acct numbers)	The state of the s
	(do not list acct hambers)	Additional bank name (If applicable): Additional bank name (If applicable):
DECLARA'	TION AND SIGNATURES:	
/		
(I declare under penalty of per	rightly that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
	Committee and authorize it to	e committee name o nerein, ir appitcable; (2) designate the above-named committee as my official candidate
1		
	address(es) provided herein.	
		1. 121 (1)
	Chairperson's signature:	Date: 4/29/23
	Treasurer's signature:	June m J.
	caoarer e aignature,	Date: 4/22/23
	Candidate's signature (if appli	icable): Willia Horston Date: 5/1/23